

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		84822.45
(b) Cash on Hand at Beginning of Reporting Period.....	84822.45	
(c) Total Receipts (from Line 19)	22879.34	22879.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107701.79	107701.79
7. Total Disbursements (from Line 31).....	21000.00	21000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	86701.79	86701.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16553.78	16553.78
(ii) Unitemized	6325.56	6325.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22879.34	22879.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22879.34	22879.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22879.34	22879.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22879.34	22879.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21000.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	21000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22879.34	22879.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22879.34	22879.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Della Alexander		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : A2013-2729368
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Della Alexander		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : A2013-3060845
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Della Alexander		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : A2013-3060936
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Della Alexander		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 Transaction ID : A2013-3291116
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Della Alexander		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : A2013-3291204
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. William A Crommett		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 Transaction ID : A2013-778578
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 40.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. William A Crommett
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : A2013-778670
 Amount of Each Receipt this Period
 40.00

B. William A Crommett
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : A2013-2729177
 Amount of Each Receipt this Period
 40.00

C. William A Crommett
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : A2013-2729309
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. William A Crommett
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
05 / 17 / 2013
Transaction ID : A2013-3060786

Amount of Each Receipt this Period
40.00

B. William A Crommett
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
05 / 31 / 2013
Transaction ID : A2013-3060878

Amount of Each Receipt this Period
40.00

C. William A Crommett
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
06 / 14 / 2013
Transaction ID : A2013-3291059

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC CIOSVP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : A2013-3291147

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : A2013-778679

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2013

Transaction ID : A2013-2729186

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 55
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Huong Dang

Mailing Address 2909 West Willits

City Santa Ana	State CA	Zip Code 92704
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2013

Transaction ID : A2013-2729318

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Huong Dang

Mailing Address 2909 West Willits

City Santa Ana	State CA	Zip Code 92704
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

Transaction ID : A2013-3060795

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Huong Dang

Mailing Address 2909 West Willits

City Santa Ana	State CA	Zip Code 92704
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : A2013-3060886

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Huong Dang		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 Transaction ID : A2013-3291067
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) B. Huong Dang		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : A2013-3291155
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

Full Name (Last, First, Middle Initial) C. Robert Fancy		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : A2013-2729322
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach State CA Zip Code 96210	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Risk Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Robert Fancy		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : A2013-3060799
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation VP Risk Management		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Fancy		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : A2013-3060890
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation VP Risk Management		Aggregate Year-to-Date ▼ 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Fancy		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 Transaction ID : A2013-3291071
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation VP Risk Management		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code
 Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : A2013-3291159

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : A2013-2729314

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : A2013-3060791

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CAO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : A2013-3060883

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CAO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : A2013-3291064

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CAO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : A2013-3291152

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Denise German
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : A2013-3060881

Amount of Each Receipt this Period
20.00

B. Denise German
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : A2013-3291062

Amount of Each Receipt this Period
20.00

C. Denise German
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : A2013-3291150

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 01 / 25 / 2013 Transaction ID : A2013-225182
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 02 / 08 / 2013 Transaction ID : A2013-225087
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 02 / 22 / 2013 Transaction ID : A2013-455882
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Boyd W Hendrickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : A2013-455977
 Amount of Each Receipt this Period
 200.00

B. Boyd W Hendrickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : A2013-778576
 Amount of Each Receipt this Period
 200.00

C. Boyd W Hendrickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : A2013-778668
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Boyd W Hendrickson
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

Transaction ID : A2013-2729175

Amount of Each Receipt this Period
200.00

B. Boyd W Hendrickson
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2013

Transaction ID : A2013-2729307

Amount of Each Receipt this Period
200.00

C. Boyd W Hendrickson
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

Transaction ID : A2013-3060784

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : A2013-3060876
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 Transaction ID : A2013-3291058
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : A2013-3291146
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Lorraine Kozloski			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : A2013-3060884			M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		3	1		2	0	1	3																
Mailing Address 534 Via Estrada Unit A			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City Laguna Woods	State CA	Zip Code 92637																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Skilled Healthcare LLC		Occupation Accountant																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>220.00</td> </tr> </table>				220.00																			
220.00																									

Full Name (Last, First, Middle Initial) B. Lorraine Kozloski			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : A2013-3291065			M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		1	4		2	0	1	3																
Mailing Address 534 Via Estrada Unit A			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City Laguna Woods	State CA	Zip Code 92637																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Skilled Healthcare LLC		Occupation Accountant																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>240.00</td> </tr> </table>				240.00																			
240.00																									

Full Name (Last, First, Middle Initial) C. Lorraine Kozloski			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : A2013-3291153			M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		2	8		2	0	1	3																
Mailing Address 534 Via Estrada Unit A			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City Laguna Woods	State CA	Zip Code 92637																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Skilled Healthcare LLC		Occupation Accountant																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>260.00</td> </tr> </table>				260.00																			
260.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>60.00</td> </tr> </table>	60.00
60.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Zachary Larson		Date of Receipt
Mailing Address 27442 Portola Parkway		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 96210		Transaction ID : A2013-2729323
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) B. Zachary Larson		Date of Receipt
Mailing Address 27442 Portola Parkway		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 96210		Transaction ID : A2013-3060800
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Zachary Larson		Date of Receipt
Mailing Address 27442 Portola Parkway		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 96210		Transaction ID : A2013-3060891
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Zachary Larson
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013
Transaction ID : A2013-3291072

Amount of Each Receipt this Period
25.00

B. Zachary Larson
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013
Transaction ID : A2013-3291160

Amount of Each Receipt this Period
25.00

C. Jose Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2013
Transaction ID : A2013-225183

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....	242.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : A2013-225088
 Amount of Each Receipt this Period
 192.31

B. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : A2013-455883
 Amount of Each Receipt this Period
 192.31

C. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : A2013-455978
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.93
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jose Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 27442 Portola Parkway
City Foothill Ranch State CA Zip Code 92610
FEC ID number of contributing federal political committee. **C**
Name of Employer Skilled Healthcare LLC Occupation President and COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1153.86

Date of Receipt
03 / 22 / 2013
Transaction ID : **A2013-778577**
Amount of Each Receipt this Period
192.31

B. Jose Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 27442 Portola Parkway
City Foothill Ranch State CA Zip Code 92610
FEC ID number of contributing federal political committee. **C**
Name of Employer Skilled Healthcare LLC Occupation President and COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1346.17

Date of Receipt
04 / 05 / 2013
Transaction ID : **A2013-778669**
Amount of Each Receipt this Period
192.31

C. Jose Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 27442 Portola Parkway
City Foothill Ranch State CA Zip Code 92610
FEC ID number of contributing federal political committee. **C**
Name of Employer Skilled Healthcare LLC Occupation President and COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1538.48

Date of Receipt
04 / 19 / 2013
Transaction ID : **A2013-2729176**
Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1730.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : A2013-2729308
 Amount of Each Receipt this Period
 192.31

B. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : A2013-3060785
 Amount of Each Receipt this Period
 192.31

C. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3060877
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.93
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Frederic Maas		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-778582
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) B. Frederic Maas		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-778674
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="269.22"/>	

Full Name (Last, First, Middle Initial) C. Frederic Maas		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-2729181
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Frederic Maas		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : A2013-2729313
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 38.46
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation SVP Director of Tax		Aggregate Year-to-Date ▼ 346.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Frederic Maas		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : A2013-3060790
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 38.46
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation SVP Director of Tax		Aggregate Year-to-Date ▼ 384.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frederic Maas		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : A2013-3060882
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 38.46
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation SVP Director of Tax		Aggregate Year-to-Date ▼ 423.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Frederic Maas		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-3291063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	

Full Name (Last, First, Middle Initial) B. Frederic Maas		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-3291151
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) C. Jon Monks		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-225082
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="176.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jon Monks
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : A2013-225177
 Amount of Each Receipt this Period
 100.00

B. Jon Monks
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : A2013-455972
 Amount of Each Receipt this Period
 100.00

C. Jon Monks
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : A2013-456064
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : A2013-778663

Amount of Each Receipt this Period
 100.00

B. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : A2013-778756

Amount of Each Receipt this Period
 100.00

C. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : A2013-2729402

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare Group Inc.	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : A2013-2729562

Amount of Each Receipt this Period
100.00

B. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare Group Inc.	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : A2013-3060871

Amount of Each Receipt this Period
100.00

C. Jon Monks
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare Group Inc.	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : A2013-3060962

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	▶	300.00
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Jon Monks
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : A2013-3291141
 Amount of Each Receipt this Period
 100.00

B. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : A2013-225083
 Amount of Each Receipt this Period
 100.00

C. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : A2013-225178
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : A2013-455973
 Amount of Each Receipt this Period
 100.00

B. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : A2013-456065
 Amount of Each Receipt this Period
 100.00

C. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : A2013-778664
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : A2013-778757
 Amount of Each Receipt this Period
 100.00

B. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : A2013-2729403
 Amount of Each Receipt this Period
 100.00

C. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : A2013-2729563
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. D. Shane Peck		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : A2013-3060872
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. D. Shane Peck		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : A2013-3060963
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. D. Shane Peck		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : A2013-3291142
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Bernard Puckett

Mailing Address 45 Copper Creek

City State Zip Code
 Irvine CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : A2013-2901645

Amount of Each Receipt this Period
 1250.00

Full Name (Last, First, Middle Initial)
B. Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : A2013-225185

Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
C. Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : A2013-225090

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1634.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
768.00

Date of Receipt
02 / 22 / 2013

Transaction ID : A2013-455885

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
B. Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
03 / 08 / 2013

Transaction ID : A2013-455980

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
C. Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt
03 / 22 / 2013

Transaction ID : A2013-778579

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... **576.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Roland Rapp		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : A2013-778671
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) B. Roland Rapp		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : A2013-2729178
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

Full Name (Last, First, Middle Initial) C. Roland Rapp		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : A2013-2729310
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00	

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Roland Rapp
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : A2013-3060787

Amount of Each Receipt this Period
 192.00

B. Roland Rapp
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2112.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3060879

Amount of Each Receipt this Period
 192.00

C. Roland Rapp
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : A2013-3291060

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 55
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Roland Rapp		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : A2013-3291148
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. Linda Rosenstock		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : A2013-2901647
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 1000.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer UCLA	Occupation Dean	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Glenn S Schafer		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 Transaction ID : A2013-2901646
Mailing Address 29 Fresco		Amount of Each Receipt this Period 1250.00
City Irving	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	2442.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : A2013-2729319

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : A2013-3060796

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Kelly Smith

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Skilled Healthcare LLC Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3060887

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Kelly Smith		Date of Receipt 06 / 14 / 2013 Transaction ID : A2013-3291068
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Kelly Smith		Date of Receipt 06 / 28 / 2013 Transaction ID : A2013-3291156
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Peter Stong		Date of Receipt 03 / 22 / 2013 Transaction ID : A2013-778634
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 35.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Peter Stong		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-778726
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Skilled Healthcare LLC VPO		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name (Last, First, Middle Initial) B. Peter Stong		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-2729232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Skilled Healthcare LLC VPO		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. Peter Stong		Date of Receipt
Mailing Address 27442 Portola Pkwy #200		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City State Zip Code Foothill Ranch CA 92610		Transaction ID : A2013-2729364
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Skilled Healthcare LLC VPO		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Peter Stong
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC VPO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : A2013-3060841
 Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Peter Stong
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC VPO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3060932
 Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. Peter Stong
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC VPO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : A2013-3291112
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Peter Stong
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC VPO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : A2013-3291200
 Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Laurie Thomas
 Mailing Address 3106 Montana del Sol
 City State Zip Code
 San Clemente CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 18 / 2013
Transaction ID : A2013-224991
 Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
C. Laurie Thomas
 Mailing Address 3106 Montana del Sol
 City State Zip Code
 San Clemente CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : A2013-225086
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 419.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt
02 / 15 / 2013
Transaction ID : A2013-225181

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
B. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
03 / 01 / 2013
Transaction ID : A2013-455976

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
C. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1152.00**

Date of Receipt
03 / 15 / 2013
Transaction ID : A2013-456068

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **576.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 55
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1344.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : A2013-778667

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
B. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1536.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : A2013-778760

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
C. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1728.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : A2013-2729406

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : A2013-2729566

Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
B. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2112.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : A2013-3060875

Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
C. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : A2013-3060966

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 55
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Laurie Thomas

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : A2013-3291145

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
B. Mary Thurber

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : A2013-3060851

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Mary Thurber

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : A2013-3060942

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **232.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Mary Thurber
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Pkwy #200
 City Foothill Ranch State CA Zip Code 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : A2013-3291122
 Amount of Each Receipt this Period
 20.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	16553.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Majority Committee

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013 Primary General Other (specify) ▼

State: CA District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2013

Transaction ID : B453649

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. American Health Care Association PAC

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013 Primary General Other (specify) ▼

State: DC District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : B447438

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Thomas E Price

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2013

Transaction ID : B452852

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee 2014

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2013

Transaction ID : B449122

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee 2014

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2013

Transaction ID : B449123

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
Contribution

011

Candidate Name

Frederick S Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2013

Transaction ID : B449124

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

011

Candidate Name

Paul D Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : B449125

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

21000.00
